

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Rosenbaum Towing Inc
BUSINESS STREET ADDRESS: 5880 SW 70 Ave ZIP 33314
BUSINESS MAILING ADDRESS: 5880 SW 70 Ave ZIP 33314
BUSINESS PHONE: 584-9798

DESCRIBE TYPE OF BUSINESS: Towing

BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

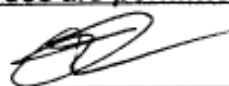
Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Charles Rosenbaum</u>	<u>5880 SW 70 Ave</u>	<u>Davie 33314</u>	<u>584-9798</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Charles Rosenbaum Owner
Print Owner or Officers Name and Title


Signature of Owner or Officer

Office Use Only: Date <u>11/15/01</u> Category <u>02006</u>		Fee Exempt per Sec. 13-13 _____	
License # <u>02-16011</u>		Fee <u>121.27</u> Rec# _____ New _____ Trans _____	
Control # <u>13392</u>		Zoning <u>B-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____		Zoning Approval <u>Int</u> Date <u>12/4/01</u>	
Town Council Date _____		Approved _____ Denied _____	
Tabled To _____		Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____			

8/00

LM 11/20/01

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

584.1.11 01-0290

Phone & Mail NO Truck!